

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9-4		113/00
O.I.P.E. CLASSIFIER		8	01-11-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		#07033	2-4-00

3  
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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/22/00
2	✓	✓	1/22/00
3	✓	✓	1/22/00
4	✓	✓	1/22/00
5	✓	✓	1/22/00
6	✓	✓	1/22/00
7	✓	✓	1/22/00
8	✓	✓	1/22/00
9	✓	✓	1/22/00
10	✓	✓	1/22/00
11	✓	✓	1/22/00
12	✓	✓	1/22/00
13	✓	✓	1/22/00
14	✓	✓	1/22/00
15	✓	✓	N
16	✓	✓	1/22/00
17	✓	✓	1/22/00
18	✓	✓	N
19	✓	✓	1/22/00
20	✓	✓	1/22/00
21	✓	✓	1/22/00
22	✓	✓	1/22/00
23	✓	✓	1/22/00
24	✓	✓	1/22/00
25	✓	✓	1/22/00
26	✓	✓	1/22/00
27	✓	✓	1/22/00
28	✓	✓	1/22/00
29	✓	✓	1/22/00
30	✓	✓	1/22/00
31	✓	✓	1/22/00
32	✓	✓	1/22/00
33	✓	✓	1/22/00
34	✓	✓	N
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	N
38	✓	✓	✓
39	✓	✓	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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